



STATE OF TENNESSEE CONTRACTOR'S LICENSE – RENEWAL NOTICE

State of Tennessee
Board for Licensing Contractors
500 James Robertson Parkway
Nashville, TN 37243-1150

VERIFY STATUS at verify.tn.gov/
<http://regboards.tn.gov/contractors/>
(800) 544-7693 or (615) 741-8307
contractor.renewal@tn.gov

Fees Payable to Contractors Board
\$200.00 Renewal Fee
\$ 20.00 Penalty Per Month
(penalty not to exceed 12 months from expiration date)

DO NOT USE THIS FORM FOR THE FOLLOWING:

- Retirement
- Revision to class/limit/name/mode
- Change of Ownership

**PLEASE CONTACT THE BOARD OFFICE or
VISIT OUR WEBSITE FOR ADDITIONAL FORMS
AND INFORMATION**

CONTRACTOR'S AFFIDAVIT FOR RENEWAL

1. ADDRESS CHANGE: ☐ No ☐ Yes – List New Information:

PHONE: () -

CELL: () -

FAX: () -

Address (If listing a P.O. Box, also include the physical address)

City, State, Zip

Email:

2. MODE OF OPERATION (as licensed): ☐ Sole Proprietor ☐ Partnership

☐ *Corporation - *TN SOS Control #:

☐ *LLC - *TN SOS Control #:

*Active status with the Tennessee Secretary of State required – <http://www.tn.gov/sos/>

3. QUALIFYING AGENT (QA): List individual(s) who tested (or designated if prior to exams).

Ownership

Qualifying Agent's Name Title XXX-XX- %
SSN (List last 4 digits of SS# for identification purposes)

Qualifying Agent's Name Title XXX-XX- %
SSN (List last 4 digits of SS# for identification purposes)

4. LIST OWNERS/ OFFICERS/ PARTNERS/ MEMBERS:

Name of Owner/Officer/Member/Partner Title XXX-XX- %
SSN (List last 4 digits of SS# for identification purposes)

Name of Owner/Officer/Member/Partner Title XXX-XX- %
SSN (List last 4 digits of SS# for identification purposes)

Name of Owner/Officer/Member/Partner Title XXX-XX- %
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5. ENVIRONMENTAL CONTRACTORS: Compliance with Rule 0680-.16; up to date with training as required and aware must notify Board of any citations. (Applies to Environmental Specialty classifications: S-A,B,C,D,E; and Medical Gas)

☐ Not Applicable ☐ Yes – In Compliance ☐ No – Not in compliance; must attach explanation.

INSURANCE REQUIREMENTS: (Check with your insurance carrier to ensure you are properly covered).

6. Workers' Compensation – Must provide proof of coverage or exemption.

-An employer and their employees must be covered in accordance with TN State Law, effective October 1, 2012.

Refer to: TN Department of Labor & Workforce Development <http://www.tn.gov/labor-wfd/wcomp.html>

-An employer (owners/officers) may have the option to register for an exemption as a "Construction Services Provider".

Refer to: TN Secretary of State Exemption Registry <http://tnbear.tn.gov/wc/>

☐ Workers Compensation Insurance Certificate Attached with Certificate Holder as TN Board for Licensing Contractors

☐ Construction Services Provider Exemption Registry TN SOS Control #(s): _____; _____

☐ Not Applicable **ALL** must apply: •No Employees• Not a Corporation •Do Not Hire Subcontractors •Work Directly for the Owner

7. General Liability - Required

☒ General Liability Insurance Certificate Attached with Minimum Coverage and the Certificate Holder listed as:
State of TN Board for Licensing Contractors

CONVICTIONS/DISCIPLINE/LITIGATION/JUDGMENTS/LIENS/COMPLAINTS: Must disclose for contractor's owners, qualifying agents or officers of any felony conviction; court judgment from contracting complaints; discipline or receipt of a citation from any governmental agency in any state; or has an unresolved complaint matter with the Board. If you have disclosed previously, you will not be required to resubmit an explanation or court documents. Disclosure does not prevent a license from being renewed. However, failure to disclose is grounds for revocation.

8. Convicted of a Felony: ☐ No ☐ Yes – Date _____ ☐ Attachment Included ☐ Disclosed Previously

9. Judgment/Discipline/Complaints: ☐ No ☐ Yes – Date _____ ☐ Attachment Included ☐ Disclosed Previously

10. ATTACHMENTS:

The following **MUST** be attached in order for the renewal to be processed. **Forms and additional information is available on our website if needed** <http://regboards.tn.gov/contractors/>

☐ **Financial Statement:** In Licensed Name and less than one (1) year old.

Monetary Limits above \$1,500,000 require a CPA Reviewed or Audited Financial Statement

☐ **Workers Compensation** ☐ **General Liability** ☐ **Disclosure** Documentation
See Question #6 See Question #7 See Questions #8 & #9

☐ **Fees** (\$200.00 Renewal Fee + \$20.00 Per Month or Partial Month Late Penalty Fee)

11. PLEASE COMPLETE, SIGN AND NOTARIZE

This is to certify, I am authorized to renew this license on behalf of any other owner(s) of the licensed entity and that all owners/officers/partners/members/qualifying agents are aware of the following: •All information and attachments, including financial statement(s) for the licensed entity is true and correct to the best of my knowledge •The required workers' compensation and general liability insurance is maintained as required by law •The board may refuse to renew a license for lack of financial stability or insurance •Pursuant to TCA §62-6-118 grounds for formal action by the Board after a notice of hearing and charges include, but are not limited to, any untrue statements, disclosure, submission of false evidence, improper, fraudulent or dishonest dealing, felony conviction in any state; operating on an expired license, operating in a name other than licensed, or pursuant to TCA §56-1-313 discipline from another state agency •Check the Board's website for changes in the statute, rules and regulations •Register to receive updates by email at: <http://regbdlst.tennessee.gov/>

X

(OWNER/OFFICER/PARTNER/MEMBER SIGNATURE)

(TITLE)

☐ FEIN# or ☐ SS# (last 4 digits)

Affirmed, subscribed and witnessed before me this _____ day of _____, 20_____.
(Day) (Month) (Year)

X

(NOTARY PUBLIC SIGNATURE)

(COMMISSION EXPIRATION DATE)

Notary Seal